Commonwealth of Virginia Agency Travel Card Employee Agreement

		_, acknowledge receipt of a GE Cardholder, I agree to comply with the
1.	I understand that I am being entruste	ed with a valuable tool to purchase travel ancial commitments on behalf of myself
2.	I understand that my agency is liable charges made on the Card.	e to GE MasterCard for all authorized
3.	I agree to use this Card for official state business travel <u>only</u> and agree not to charge personal purchases. I understand that my agency will review the use of this Card and the related management reports and take appropriate action on any discrepancies.	
4.	I will follow the established procedures for the use of the Card. Failure to do so may result in either revocation of my privileges or other disciplinary actions, including termination of employment.	
5.	I agree to return the Card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change that causes my cost center to likewise change, I also agree to return my Card and arrange for a new one, if appropriate.	
6.	If the Card is lost or stolen, I agree to notify the Travel Program Administrator and GE MasterCard immediately.	
Employee Signature/Date		Agency and Cost Center
Supervisor's Signature		Date
Pro	rogram Administrator's Signature	Date